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curvature but comes about as the lens loses its ability to accommodate or focus for near vision as a result of loss of elasticity that is inevitable as people age. Therefore the existing lasers using corneal reshaping can not provide the solution for presbyopia patients. In addition, corneal reshaping is ablating the central portion of the cornea and changing its curvature.

Please replace the paragraph beginning on page 2, line 1 with the following:

a3  
The prior arts of Ruitz (US Pat. No. 5,533,997) and Lin (US Pat. No. 5,520,679) are all limited to the corneal central portion and are designed to change the curvature of the cornea by ablation of the surface layer of the cornea. The present system, on the contrary, does not change the corneal central curvature and only ablates tissue outside the limbus.

Please replace the paragraph beginning on page 2, line 11 with the following:

a4  
The "presbyopia" correction proposed by Ruitz using an excimer (ArF) laser also required the corneal surface to be reshaped to form a "multifocal" effect for presbyopia patients to see near and far. However, Ruitz's "presbyopia" correction is fundamentally different from that of the present system which does not change the corneal curvature and only ablates the scleral tissue outside the limbus area. In the present system, we propose that the presbyopia patient is treated by increasing the patient's accommodation rather than reshaping the cornea into a "multifocal" configuration.

Please replace the paragraph beginning on page 3, line 16 with the following:

a5  
It is yet another objective of the present invention to use a scanning device such that the degree of ciliary muscle accommodation can be controlled by the location, size and shape of the removed sclera tissue.

Please replace the three paragraphs beginning on page 3, line 21 with the following:

a6  
It is yet another objective of the present system to define the optimal laser parameters and the ablation patterns for the best clinical outcome for presbyopia patients,